

*To be completed by the applicant's primary mental health provider or evaluator.*

The Massachusetts Department of Mental Health is implementing the use of clinical assessment summary scaling. The intent of this approach is to ask experienced clinicians to use behavioral descriptions to summarize their impression of their client's functional difficulties during the six months prior to application for DMH continuing care services. The content of the clinical assessment scales deals with difficulties common to persons experiencing severe and persistent mental illness. The ratings summarize assessments and clinical judgment and should be completed by the applicant's primary mental health provider or recent evaluator. For each question, select the description which most closely summarizes the **applicant's functioning during the past six months**. If functioning is variable, indicate the lowest level of functioning during the past six months. If you do not have sufficient information or experience with the applicant to answer a particular question, write "DNK" in the white box next to that item.

Before completing the clinical assessment summary scale, please answer the next question about your professional background and experience caring for adults with serious and persistent mental illness (optional).

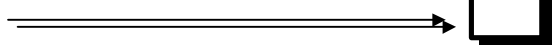
#### TRAINING

- ☐ Graduate student in MH profession
 ☐ Professional degree in MH, no license
 ☐ Professional degree in MH, with license
 ☐ Professional degree, independently licensed practitioner

#### NUMBER OF YEARS WORKING WITH ADULTS WITH SERIOUS MENTAL ILLNESS


- ☐ No experience
 ☐ Under one year
 ☐ 1-3 years
 ☐ 4 or more years

#### Ability to avoid common hazards.

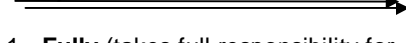


1. **Fully** (consistently avoids common hazards independently)
2. **Mostly** (independently avoids common hazards; may seek occasional help as needed)
3. **Somewhat** (avoids common hazards for at least brief periods of time but also uses assistance from others)
4. **Marginally** (relies on close external supervision and (re)direction to avoid common hazards)
5. **Rarely** (likely to both discontinue needed treatment and become unable to avoid common hazards)
6. **Not Able** (unable to avoid common hazards independently and not reliably (re)directable)

#### Ability to maintain adequate hygiene and nutrition (ADLs)


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1. **Fully** (consistently cares for self independently)
  2. **Mostly** (generally self-sufficient; may seek occasional help as needed)
  3. **Somewhat** (has many skills which are exercised with prompts provided by others)
  4. **Marginally** (relies on close supervision and (re)direction to perform ADLs)
  5. **Rarely** (despite some ADL skills, poor judgment necessitates careful control of ADL supplies)
  6. **Not Able** (unable to care for personal needs leading to life (health) endangering self-neglect)

#### Ability to participate fully in individual recovery plan (treatment and rehabilitation such as symptom management, self-regulation, vocational training, substance abuse treatment, etc.).

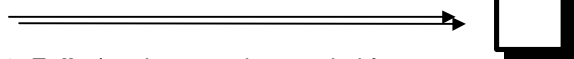


1. **Fully** (takes full responsibility for own recovery)
2. **Mostly** (generally self-sufficient in pursuing a recovery plan with only occasional prompts by others)
3. **Somewhat** (uses acquired skills together with assistance in order to pursue recovery plan)
4. **Marginally** (relies on close supervision and (re)direction to pursue recovery plan)
5. **Rarely** (minimally involved in or unable to use the treatment and rehabilitation provided)
6. **Not Able** (not engaged in treatment and rehabilitation)

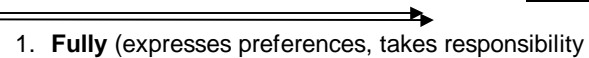
#### Ability to self-medicate.

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1. **Fully** (can and will medicate independently with outpatient office visits)
  2. **Mostly** (generally able and willing to self-medicate with periodic monitoring)
  3. **Somewhat** (can self-medicate with prompts and observation)
  4. **Marginally** (currently relies on prompts and licensed administration but may learn self-medication)
  5. **Rarely** (non-compliant with medication plan despite ability to self-medicate)
  6. **Not Able** (functionally unable to self-medicate, even with supervision)

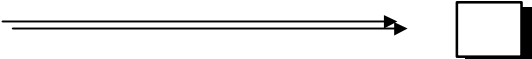
Ability to carry out functional roles (e.g., work, leisure, social relationships, etc.)

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1. **Fully** (carries out roles needed for independent living)
  2. **Mostly** (functional skills allow relative independence; may seek occasional help as needed)
  3. **Somewhat** (uses acquired skills together with assistance from others to accomplish roles)
  4. **Marginally** (relies on prompts and coaching from others but may develop functional role skills)
  5. **Rarely** (frequently rejects attempts by others to meet social and occupational needs)
  6. **Not Able** (dependent on others to meet social and occupational needs)

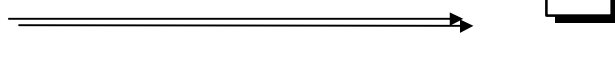
Ability to pursue greater personal autonomy

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1. **Fully** (expresses preferences, takes responsibility for achieving greater autonomy)
  2. **Mostly** (actively pursues assistance to formulate a recovery plan leading to greater autonomy)
  3. **Somewhat** (despite difficulty with change, accepts responsibilities in a structured recovery plan)
  4. **Marginally** (very anxious about change but accepts support for transitions)
  5. **Rarely** (refuses less restrictive level of care or refuses services essential for safety at next level of care)
  6. **Not Able** (pronounced regression and reemergence of dangerous behavior when environment changes)

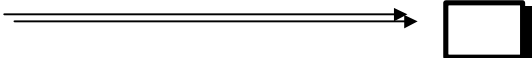
Risk for personal violence towards others

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1. **Not** an issue for this person
  2. **Minimal** (generally uses internal controls; may seek occasional help to control violent impulses)
  3. **Low** (uses a combination of internal controls and assistance from others)
  4. **Moderate** (relies on close supervision and (re)direction to control violent impulses)
  5. **High** (occasional but not serious physical assaults in spite of external controls)
  6. **Extreme** (serious or frequent physical assaults in spite of external controls)

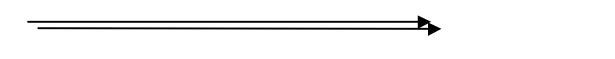
Risk for sexual violence towards others

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1. **Not** an issue for this person
  2. **Minimal** (generally uses internal controls; may seek occasional help to control impulses to sexually assault)
  3. **Low** (can use a combination of internal controls and assistance from others)
  4. **Moderate** (relies on close supervision and (re)direction to control impulses to sexual violence)
  5. **High** (exposure, fondling or occasional sexual assaults in spite of external controls)
  6. **Extreme** (rape or other serious sexual assaults in spite of external controls)

Risk for suicidal or self-injurious behavior

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1. **Not** an issue for this person
  2. **Minimal** (generally uses internal controls; may seek occasional help to control impulses to self-harm)
  3. **Low** (generally uses a combination of internal controls and assistance from others)
  4. **Moderate** (relies on close supervision and (re)direction to prevent self-harm)
  5. **High** (makes attempts at non-lethal forms of self harm in spite of external controls)
  6. **Extreme** (makes attempts at potentially lethal self-harm in spite of external controls)

Risk of unacceptable behavior that has significant social consequences or is illegal (such as victimizing vulnerable individuals)

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1. **Not** an issue for this person
  2. **Minimal** (generally uses internal controls; may seek occasional help to control impulses)
  3. **Low** (uses a combination of internal controls and assistance from others)
  4. **Moderate** (relies on close supervision and (re)direction for social judgment)
  5. **High** (violates social norms or victimizes others, possibly leading to forensic involvement)
  6. **Extreme** (serious antisocial behavior results in victimization or forensic involvement)

**Risk of significant health consequences from inability to comply with medical (non-psychiatric) treatment.**

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1. **Not** an issue for this person
  2. **Minimal** (medical care is obtained independently through outpatient medical services)
  3. **Low** (complies with regularly scheduled medical/nursing assessments or treatments with assistance)
  4. **Moderate** (needs close monitoring of health status by a medical provider several times per week)
  5. **High** (needs daily monitoring of health status and medications/treatments from a licensed nurse)
  6. **Extreme** (needs 24 hour skilled nursing to prevent significant medical consequences)

**Risk of problematic behaviors due to ORGANIC CONDITION(s), neurologic or neuropsychiatric**

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1. **Not** an issue for this person
  2. **Minimal** (able to function independently with only occasional help in spite of organic condition)
  3. **Low** (uses a combination of internal resources and assistance from others)
  4. **Moderate** (relies on external controls and structures provided to maintain safety)
  5. **High** (requires constant supervision to maintain safety)
  6. **Extreme** (organic condition is irreversible and/or deteriorating; behavior is dangerous to self or others despite constant supervision)

**Risk of Substance Abuse**

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1. **Not** an issue for this person
  2. **Minimal** (able to maintain sobriety; seeks and uses supports according to need)
  3. **Low** (utilizes regularly scheduled supports to maintain recovery)
  4. **Moderate** (relies on close supervision and programming to maintain sobriety)
  5. **High** (requires external controls to maintain the sobriety needed for safety)
  6. **Extreme** (In the absence of secure care, substance-related behavior is dangerous to self or others)

**Risk of separating self from psychiatrically necessary or court- ordered (forensic) care.**

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1. **Not** an issue for this person (independently secures psychiatric care)
  2. **Minimal** (if separated from necessary care likely to return or seek appropriate help)
  3. **Low** (unlikely to separate self from needed care, but benefits from some supervision)
  4. **Moderate** (relies on close supervision and (re)direction to continue with care)
  5. **High** (risk of leaving supervised care setting in spite of external controls)
  6. **Extreme** (actively attempts to leave secure care setting)

**CLINICAL SUMMARY 1**

**Dangerous Behaviors: Level of concern that there will be future dangerous behaviors**

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1. **Not** a concern (no or remote history of dangerous behavior)
  2. **Minimal** (despite history ,generally uses internal controls; may seek occasional help)
  3. **Low** (despite history, uses a combination of internal controls and assistance from others)
  4. **Moderate** (history of dangerous behavior, relies on external controls)
  5. **High** (history of dangerous behavior, despite external controls may exhibit dangerous behavior)
  6. **Extreme** (history of dangerous behavior, continues serious and/or frequent dangerous behavior)

**CLINICAL SUMMARY 2**

**Behavioral Inconsistency: Level of concern about unpredictability of behavior**

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1. **Not** an issue for this person (behavior is stable)
  2. **Minimal** (behavior is generally stable; weekly or less frequent monitoring sufficient)
  3. **Low** (behavior is sufficiently stable to allow for observation not more than several times per day)
  4. **Moderate** (somewhat inconsistent behavior, hourly observation and daily clinical assessment needed).
  5. **High** (variable and inconsistent, more than hourly observation throughout the day and clinical assessment needed several times per day)
  6. **Extreme** (unstable and unpredictable, requiring nearly continuous observation and clinical assessment at frequent intervals throughout the day)